

Maryland Vehicle Insurance Compliance Program - Certified Statement

Section 1: 0	wner's Information	n and Sta	tement of I	acts				
CASE NUMBER		INSU	RANCE CANCE	ELLATION DATE	INSURANC	INSURANCE COMPANY		
TAG NUMBER TITLE NUMBER		VEHI	CLE IDENTIFICA	ATION NUMBER:	I	YEAR: MAKE:		
VEHICLE OWNER (First, Last Name):					OWNER'S DRIV	OWNER'S DRIVERS LICENSE NUMBER:		
The vehicle lie			ا ما ام ما ام ما	n cosidont orion	and a situation of the	don podod of in		
rne venicie iis	sted above has not b						surance lapse	
MM/DD	to		Dur	ng this time the ve	ehicle was parke	d at		
IVIIVI/DD)/ Y Y	MIM/DD/YY						
(Location)								
(Street Address)			(Clty)		(Sta	(State) (Zip Code)		
F " (" '	()							
For the following	ng reason(s):							
		(Supr	ortina doc	numentation att	ached)			
(Supporting documentation attached)								
I certify, under penalty of perjury, that the statements made above are true and correct to the best of my knowledge and belief, under Section 12-109(b) of the Maryland Vehicle Law.								
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Signature Owner/Co-Owner				Date	Date Daytime Telephone Number			
Section 2: Witness Statement of Facts								
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	Repair Facility - Bu			ada abaya by tha	vobiala avenar a	ro true and cor	root to the	
	er penalty of perjury, nowledge and belief					re true and cor	rect to the	
	.omeage and sener	, a a. o.		(2) 2. 1. 2				
Signature Witness	S	Drivers Li	cense Number		Date	Daytime	e Phone Number	
Witness P								
Witness B	er penalty of perjury,	that the sta	atements ma	ide above by the	vehicle owner a	re true and cor	ect to the	
	nowledge and belief,					re true and con	cot to the	
	-							
Witness Signature	9	Drivers Lic	cense Number		Date	Daytime	Phone Number	
MVA Use On	ly							
	•	NI. D	V	Data	0	. /T' - 1 - 1 - 1		
•	ving Violation/Accident No Yes Yes		Date:					
Prior Cas		No 🖵	Yes 🗖	Date:		e #:		
Adjustme	ent Approved:	No 🖵	Yes 🗖	Amount:				
Authorized By:				ID:		Date:		
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